Case 13-14090-JDW Doc 1 Filed 10/02/13 Entered 10/02/13 09:35:05 Desc Main

| B1 (Official Form 1) (04/13) | Document | Page 1 of | 27 | 0.00 | 300 Main | | |
|---|--|--|--|------------------------------------|---|--|--|
| Northern District of Mississippi | | | VOLUNTARY PETITION | | | | |
| | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | | |
| Kondos, Peter All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | All Other Name | rid, Marnareta s used by the Joint Debtor d, maiden, and trade names | | TS . | | |
| "None" | | "None" | , | , • | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (17) (if more than one, state all): | TN)/Complete EIN | (if more than or | of Soc. Sec. or Individual-1 re, state all): | Caxpayer I,D. (I' | TIN)/Complete EIN | | |
| (7050) Street Address of Debtor (No. and Street, City, and State): | | (1852) Street Address | of Joint Debtor (No. and St | ect, City, and St | late): | | |
| 308 Lakes Drive North, Oxford, MS. 38655 | | 308 Lakes D | Prive North, Oxford, M | s. 38655 | | | |
| | ZIP CODE | | | | ZIP CODE | | |
| County of Residence or of the Principal Place of Business: Lafavette | | County of Resid | lence or of the Principal Pla | ce of Business: | | | |
| Mailing Address of Debtor (if different from street address | : | Mailing Addres | s of Joint Debtor (if differe | nt from street ad | dress): | | |
| : | ZIP CODE | | | 1 | ZIP CODE | | |
| Location of Principal Assets of Business Debtor (if differen | |): | | | | | |
| Type of Debtor | Noture - | f Business | Chanter of F | | ZIP CODE le Under Which | | |
| (Form of Organization) | (Check one box.) | n Daniness | the Petiti | on is Filed (Che | ck one box.) | | |
| (Check one box.) | Health Care Bu | | Chapter 7 | | pter 15 Petition for | | |
| ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. | Single Asset R | eal Estate as defined 1(51B) | in Chapter 9 Chapter 11 | Chapter 9 Recognition of a Foreign | | | |
| Corporation (includes LLC and LLP) Partnership | Railroad | , | Chapter 12 Chapter 13 | | pter 15 Petition for ognition of a Foreign | | |
| Other (If debtor is not one of the above entities, check | Commodity Br | oker . | Chapter 13 | | main Proceeding | | |
| this box and state type of entity below.) | Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Stockbroker Commodity Broker Clearing Benk Other | | | | | | |
| Chapter 15 Debiors | | mpt Entity if applicable.) | | | | | |
| Country of debtor's center of main interests: | | | Debts are prima | rily consumer | Debts are | | |
| Each country in which a foreign proceeding by, regarding, | | exempt organization the United States | United States § 101(8) as "incurred by an business debts. | | | | |
| against debtor is pending: | Code (the Intern | zil Revenue Code). | individual prima personal, family | | | | |
| | | | household purpo | se." | | | |
| Filing Fee (Check one box.) | | Check one box: | | | | | |
| ☑ Full Filing Fee attached. | | | n small business debtor as d not a small business debtor | | | | |
| Filing Fee to be paid in installments (applicable to ind signed application for the court's consideration certify | | Check if: | | | • | | |
| unable to pay fee except in installments. Rule 1006(b | | Debtor's a | | | | | |
| Filing Fee waiver requested (applicable to chapter 7 in | dividuals only). Must | | on 4/01/16 and overy three years thereafter). | | | | |
| attach signed application for the court's consideration. | See Official Form 3B. | Cheek all appli | Cheek all applicable boxes: | | | | |
| | | | eing filed with this petition es of the plan were solicited | | m one or more classes | | |
| Statistical/Administrative information | | | s, in accordance with 11 U. | | THIS SPACE IS FOR | | |
| | | | | | GOURT USE ONLY | | |
| Debtor estimates that funds will be available for Debtor estimates that, after any exempt property distribution to unsecured creditors. | | | ere will be no funds availa | ble for | 4:10 A.1 2cB at P.1 Bankruptcy Court ict of Mississippi ister, Clerk | | |
| Estimated Number of Creditors | | | | | 13 5 8 × | | |
| 7 | D- 5,001- | [] [] [] [] [] [] [] [] [] [] [] [] [] [| | Over | Cle Miss | | |
| 5,00 | | 25,000 50,0 | | 100,000 | 2 20B Bankr Bs Bankr istrict of P | | |
| Estimated Assets | | | | <u> </u> | Co se interior | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50 | | \$50,000,001 \$100 | ,000,0001 \$500,000,001 | More than | 98 E | | |
| \$50,000 \$100,000 \$500,000 to \$1 to \$1 million milli | | to \$100 to \$5 million milli | | \$1 billion | Filed 10 2 20B at United States Bankruptcy Cou Northern District of Mississippi David J. Puddister, Clerk | | |
| Estimated Liabilities | umated Lindhittes | | | I I J Z G | | | |
| | 00,001 \$10,000,001 \$ | □ □ \$50,000,001 \$100 | ,000,001 \$500,000,001 | More than | | | |
| \$50,000 \$100,000 \$500,000 to \$1 to \$1 million million | 0 to \$50 1 | o \$100 to \$5 nillion milli | 00 to \$1 billion | St billion | | | |

| BI (Official Form)) (04713) | : 1 Filed 10/02/ | | raze z |
|--|--|---|---|
| Voluntary Petition (This page must be completed and filed in every case.) | Document | Name of Description (1):27 Peter & Ingrid M. Kondos | · · · · · · · · · · · · · · · · · · · |
| All Prior Bankruptcy | Cases Filed Within Last 8 | Years (If more than two, attach additi Case Number: | |
| Location "None" Where Filed: | | | |
| Location Where Filed: | | Case Number: | Date Filed: |
| Name of Debtor | any Spouse, Partner, or Af | filiate of this Debtor (If more than on Case Number: | e, attach additional sheet.) Date Filed: |
| "None" | ······································ | | |
| District: | | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic re 10Q) with the Securities and Exchange Commission pursu of the Securities Exchange Act of 1934 and is requesting re Exhibit A is attached and made a part of this petition | Exhibit B ed if debtor is an individual primarily consumer debts.) ned in the foregoing petition, declare that I have hel may proceed under chapter 7, 11, 12, or 13 have explained the relief available under each have delivered to the debtor the notice required | | |
| | | | |
| Does the debtor own or have possession of any property that Yes, and Exhibit C is attached and made a part of thi No. | ` . | | arm to public health or safety? |
| (To be completed by every individual debtor. If a joint peti Exhibit D, completed and signed by the debtor, is atta If this is a joint petition: Exhibit D, also completed and signed by the joint definition. | iched and made a part of this | petition. | on D.) |
| Debtor has been domiciled or has had preceding the date of this petition or for | | olicable box.) of business, or principal assets in thi | s District for 180 days immediately |
| ☐ There is a bankruptcy case concerning d | ebtor's affiliate, general part | ner, or partnership pending in this Dis | trict. |
| Debtor is a debtor in a foreign proceedi no principal place of business or assets District, or the interests of the parties wi | in the United States but is a | a defendant in an action or proceeding | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) | | | |
| (Name of landlord that obtained judgment) | | | |
| | | (Address of landlord) | |
| | | circumstances under which the debtor on, after the judgment for possession | |
| Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. | | | |
| Debtor certifies that he/she has serve | Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)). | | |

| B1 (Official Form 1) (04/13) 4090-JDW Doc 1 Filed 10/02/ | Laxe 2 |
|--|---|
| Voluntary Petition (This page must be completed and filed in every case.) | Peter & Ingrid M. Kondos |
| | atures |
| Signature(s) of Debtor(s) (Individual/Joint) | Signature of a Foreign Representative |
| I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. |
| chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such | (Check only one box.) |
| chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). | ☐ 1 request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. |
| X Signature of Debtor X Juguil W. Konedos | X (Signature of Foreign Representative) |
| X Signature of Joint Debtor 662-281-8138 | (Printed Name of Foreign Representative) |
| Telephone Number (if not represented by attorney) | Date |
| Signature of Attorney* | Signature of Non-Attorney Bankruptcy Petition Preparer |
| X Signature of Attorney for Debtor(s) Printed Name of Attorney for Debtor(s) Firm Name | I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor |
| Address | or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. |
| Telephone Number | Printed Name and title, if any, of Bankruptcy Petition Preparer |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. | Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) |
| Signature of Debtor (Corporation/Partnership) | |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. | Address |
| The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. | X Signature |
| X Signature of Authorized Individual | Date |
| Printed Name of Authorized Individual | Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. |
| Title of Authorized Individual | Names and Social-Security numbers of all other individuals who prepared or assisted |
| Date | in preparing this document unless the bankruptcy petition preparer is not an individual. |
| | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. |
| | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. |

B 1D (Official Form 1, Exhibit D) (12 09)

UNITED STATES BANKRUPTCY COURT

Northern District of Mississippi

| In re Peter Kondos | Case No. |
|--------------------|------------|
| Debtor | (if known) |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- It. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

Page 2

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- □ 4. I am not required to receive a credit counseling briefing because of: /Check the applicable statement. [Must be accompanied by a motion for determination by the court.]
 - ☐ Incapacity: (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
 - Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 - Active military duty in a military combat zone.
- 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Signature of Signa

B ID (Official Form 1, Exhibit D) (12 09)

UNITED STATES BANKRUPTCY COURT

Northern District of Mississippi

| In reIngrid M. Kondos | Case No |
|-----------------------|------------|
| Debtor | (if known) |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- I. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

Page 2

□ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

- □ 4. I am not required to receive a credit counseling briefing because of: /Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]
 - ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
 - ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
 - Active military duty in a military combat zone.
- 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: Inguish M. Konslus

Date: 10/2-2013

Case 13-14090-JDW Doc 1 Filed 10/02/13 Entered 10/02/13 09:35:05 Desc Main Document Page 8 of 27

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

Northern District of Mississippi

| In re Peter & Ingrid M. Kondos | 9 | Case No. |
|--------------------------------|---|-----------|
| Debtor | | Chapter 7 |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|--------------------------|---------------|-------------|
| A - Real Property | Yes | 1 | \$ 202,000.00 | | |
| B - Personal Property | Yes | 3 | \$ 41,801.00 | | |
| C - Property Claimed as Exempt | yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | s 170,655.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | s 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | yes | 4 | | \$ 104,997.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 4,770.00 |
| J - Current Expenditures of Individual Debtors(s) | Yes | 1 | | | s 4,572.00 |
| т | OTAL | 16 | ^{\$} 243,801.00 | s 275,641.00 | |

B 6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

Northern District of Mississippi

| In re Peter & Ingrid M. Kondos | Case No. |
|--------------------------------|-----------|
| Debtor | |
| | Chapter 7 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount | |
|--|--------|------|
| Domestic Support Obligations (from Schedule E) | \$ | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | S | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | s | 0.00 |
| Student Loan Obligations (from Schedule F) | \$ | 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | S | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | s | 0.00 |
| TOTAL | s | 0.00 |

State the following:

| Average Income (from Schedule I, Line 16) | S | 4,770.00 |
|--|----|----------|
| Average Expenses (from Schedule J, Line 18) | \$ | 4,572.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ | 3,911.00 |

State the following:

| tate tae ronowing. | | | _ | |
|--|-----|------|----|------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | | \$ | 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ | 0.00 | : | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | | \$ | 0.00 |
| 4. Total from Schedule F | | | \$ | 104,997.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | jan | * | \$ | 104,997.00 |

| In re Peter & Ingrid M. Kondos | | Case No. | |
|--------------------------------|----------------|-------------------------|--------------------|
| B6A (Official Form 6A) (12/07) | Documen | nt Page 10 of 27 | |
| Case 13-14090-JDW | DOC T FIIEG TO | /U2/13 Entered 10/U2/13 | 09:35:05 Desc Main |

Debtor

SCHEDULE A - REAL PROPERTY

(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WITE, JOINT, OR COMERUITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--|--|---------------------------------------|--|-------------------------------|
| Residence: 308 Lakes Drive North, Oxford, MS. 38655 | Fee Simple | 7 | 202,000.00 | 170,655.00 |
| | Т., | al≽ | 202,000.00 | |

(Report also on Summary of Schedules.)

| | Doc 1 | Filed 10/02/ | 13 Entered 10/02/13 09:35:05 | Desc Main |
|---------------------------------|-------|--------------|------------------------------|-----------|
| B 6B (Official Form 6B) (12/07) | | Document | Page 11 of 27 | |

| la re | Peter & Ingrid M. Kondos | Case No. |
|-------|--------------------------|------------|
| | Debtor | (If known) |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | KUSZAKD, WIFE, KODT, CR CONDUDITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|--------------------------------------|---|
| 1. Cash on hand. | | Cash in Wallet | J | 50.00 |
| Checking, savings or other finan- cial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives. | | USAA Federal Savings Bank: Acct.: 36-5680-2 FNBOxford, MS. Acct.: 0739472 | J | 2,669.00 |
| Security deposits with public utilities, telephone companies, landlords, and others. | | Electric- Northeast Power Assoc. Gas-Centerpoint Energy | J | 150.00 |
| Household goods and furnishings, including audio, video, and computer equipment. | | All Goods and Furnishings at used goods and Furnishings Sales Value. Home Residence | ۲ | 23,913.00 |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | | 200 Books at Used book value and 2 paintings. At Home Residence. | J | 1,500.00 |
| 6. Wearing apparel. | | Normal clothing at Used clothing value. Home | J | 1,600.00 |
| 7. Furs and jewelry. | | 2 Watches, Womens Jewelry. Home Residence | J | 1,000.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | × | | | |
| Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | USAA Universal Life Insurance Policy: Cash Value. | н | 3,100.00 |
| 10. Annuities. Itemize and name each issuer. | x | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | × | | | |

| Case 13-14090-JDW | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Main |
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| B 6B (Official Form 6B) (12/07) Cont. | | Document | Pa | ge 12 of 27 | |

| In re Peter & Ingrid M. Kondos | Case No. |
|--------------------------------|------------|
| Dehtor | (If known) |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUBBAD, VIFE, 10TH, OR COLOURITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--|-------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans Give particulars. | | Public Employees, City of Bostn, MA. Pension: Monthly Payments. | н | 3,911.00 |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | × | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | x | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | x | | | |
| 16. Accounts receivable, | х | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | × | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | × | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | × | · | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | x | • • | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | x | , | | |
| | | | | |

| Case 13-14090-JDW | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Mair |
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| 3 6B (Official Form 6B) (12/07) Cont. | | Document | Pa | ge 13 of 27 | |

| n re | Peter & Ingrid M. Kondos | Case No. |
|------|--------------------------|------------|
| | Debtor | (If known) |

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | | (Continuency | | |
|---|------------------|---|---------------------------------------|---|
| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAKO, WERE, FOINT, OR COMPUTETY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | х | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | x | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2001 Toyota Avalon XLS Automobile. | н | 3,408.00 |
| 26. Boats, motors, and accessories. | x | | | |
| 27. Aircraft and accessories. | × | | 1 | |
| 28. Office equipment, furnishings, and supplies. | × | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | × | | | |
| 30. Inventory. | × | | | |
| 31. Animals. | × | | | |
| 32. Crops - growing or harvested. Give particulars. | × | | | |
| 33. Farming equipment and implements. | × | | | |
| 34. Farm supplies, chemicals, and feed. | × | | | |
| 35. Other personal property of any kind not already listed. Itemize. | | Lawn Mower, Lawn Tools. | | 500.00 |
| | <u></u> | "O" continuation sheets attached | Total➤ | \$ 41,801.00 |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

| Case 13-14090-JDW | Doc 1 | Filed 10/02/13 | Entered 10/02/13 09:35:05 | Desc Main |
|--------------------------------|-------|----------------|---------------------------|-----------|
| Boc (Official Form 6C) (04/13) | | Document Pa | age 14 of 27 | |
| | | | | |

| In re Peter & Ingrid M. Kondos | Case No. |
|--------------------------------|------------|
| Debtor | (If known) |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

☐ 11 U.S.C. § 522(b)(2) ☐ 11 U.S.C. § 522(b)(3) ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.*

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|---|--|----------------------------------|---|
| Public Employee Retirement Pension | Section: 25-11-129 Miss. Code Ann. | 3,911.00 | 3,911.00 |
| Public Benefits: Social Security | Section: 25-11-129: Miss.Code Ann. | 859.00 | 859.00 |
| Personal Property 10,000 & Wild Card 50,000.00 | 85-3-1(a)& 85-3-1(h) Miss.Code Ann. | 37,890.00 | 37,890.00 |
| Residence:308 Lakes Dr. N. Oxford, MS. 38655 | 85-3-1 (b)(i), 85-3-21& 85-3-23 Miss.Code.Ann | 21,345.00 | 202,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 13-14090-JDW Doc 1 Filed 10/02/13 Entered 10/02/13 09:35:05 Desc Main Document Page 15 of 27

B 6D (Official Form 6D) (12/07)

| In re | Peter & Ingrid M. Kondos , | Case No(If known) | _ |
|-------|----------------------------|-------------------|---|
| | Dahtan | (II Known) | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column tabeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D. HUSBAND, WIFE, JOINT, OR COMMUNITY AMOUNT OF CLAIM **UNSECURED** DATE CLAIM WAS **CREDITOR'S NAME AND** UNLIQUIDATED CONTINGENT PORTION, IF WITHOUT CODEBTOR INCURRED. DISPUTED **MAILING ADDRESS DEDUCTING VALUE** ANY NATURE OF LIEN. **INCLUDING ZIP CODE AND** OF COLLATERAL AND AN ACCOUNT NUMBER DESCRIPTION (See Instructions Above.) AND VALUE OF **PROPERTY** SUBJECT TO LIEN ACCOUNT NO.3314504717 02/20/2013 Residence: 308 Quicken Loans Inc. P.O. 0.00 170.655.00 Lakes Dr. N., Box 6577, Carol Stream, J Oxford, MS. 38655 IL.60197-6577 VALUE \$ 202,000.00 ACCOUNT NO. VALUE \$ ACCOUNT NO. VALUE \$202,000.00 \$ Subtotal > continuation sheets 0.00 170,655.00 (Total of this page) attached \$ Total ▶ 0.00 170,655.00 (Use only on last page) (If applicable, report (Report also on Summary of

also on Statistical

Summary of Certain Liabilities and Related

Schedules.)

B 6D (Official Form 6D) (12/07) - Cont.

In re Peter & Ingrid M. Kondos

Debtor

| Case No. | |
|----------|------------|
| | (if known) |

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SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECUR PORTION ANY | |
|--|----------|--|---|------------|--------------|----------|--|--------------------------------|------|
| ACCOUNT NO. | | | | | | | | | • |
| | | | | | | | | | |
| ACCOUNT NO. | | ļ <u> </u> | VALUE \$ | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| | | | VALUE \$ | | | | | | |
| ACCOUNT NO. | | | VALUE \$ | | | | | | |
| ACCOUNT NO. | | | | | | | | | |
| | | | VALUE \$ | | | | | | · |
| ACCOUNT NO. | | | | | | | | | |
| | | | VALUE \$ 0.00 | | | | | | |
| Sheet no. 2 of 0 continues sheets attached to Schedule of Creditors Holding Secured Claims | ation | | Subtotal (s) ► (Total(s) of this page) | | | | 0.00 | \$ | 0.00 |
| | | | Total(s) ► (Use only on last page) | | | | \$ 170,655.00 | \$ | 0.00 |
| | | | (Ose only on less page) | | | | (Report also on Summary of Schedules.) | (If applicable, report also on | |

Statistical Summary of Certain Liabilities and Related Data.)

Case 13-14090-JDW Doc 1 Filed 10/02/13 Entered 10/02/13 09:35:05 Desc Main Document Page 17 of 27

B6E (Official Form 6E) (04 13)

| In re | Peter & Ingrid M. Kondos | Case No |
|-------|--------------------------|------------|
| | Debtor | (if known) |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|---|
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below it claims in that category are listed on the attached sheets.) |
| Domestic Support Obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475° per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the |

cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Amount subject to adjustment on 4 01 16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Entered 10/02/13 09:35:05 Case 13-14090-JDW Filed 10/02/13 Doc 1 Page 18 of 27 Document B6E (Official Form 6E) (04 13) - Cont. In re Peter & Ingrid M. Kondos Case No. Debtor Certain farmers and fishermen Claims of certain farmers and lishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). * Amounts are subject to adjustment on 401/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

continuation sheets attached

| Dates O landal M. Mandan | | | | Coss No | |
|--|-------|-------------|-----|---------------------------|-----------|
| B 6F (Official Form 6F) (12/07) | | Document | Pag | ge 19 of 27 | |
| Case 13-14090-JDW B 6F (Official Form 6F) (12/07) | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Main |

| In re | Peter | & Ingrid M. | Kondos | , |
|-------|-------|-------------|--------|---|
| | | | Debtor | |

Case No. _____(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. | | | | | | | | |
|---|----------|--|---|------------|--------------|----------------------|--------------------|--|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | |
| ACCOUNT NO. (61000) | | | 01/1995-10/ 01/2013 | | | | | |
| American Express, P.O. Box 650448, Dallas, TX. 75265-0448 | | w | Card Charges: Travel, Food, "Household Furnishings". | | | | 13,890.00 | |
| ACCOUNT NO. (71006) | | | 07/2008-10/01/2013 | | | | | |
| American Express, P.O.Box 650448, Dallas, TX. 75265-0448 | | w | Card Charges: Food, Clothing, Gas, Car Repair. | | | | 995.00 | |
| ACCOUNT NO. (42009) | | | 05/2009-10/01/2013: Card | | | | | |
| American Express, P.O.Box 650448, Dallas, TX. 75265-0448 | | н | Charges: Food, Clothing, Car Repair, Travel. | | | | 7,176.00 | |
| ACCOUNT NO. (9461) | | | 06/2009-10/01/2013: Card | | | | | |
| BARCLAY Card Services, P.O. Box 13337, Philadelphia, PA.19101-3337 | | w | Charges: Food, Car Repair, Clothes, Dentist. | | | | 2,766.00 | |
| | • | | | | Sub | total➤ | s 24,827.00 | |
| Total> Continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | lule F.) tistical | S | |

| Case 13-14090-JDW | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Main |
|---------------------------------|-------|-------------|-----|---------------------------|-----------|
| B 6F (Official Form 6F) (12/07) | | Document | Pag | ge 20 of 27 | |
| | | | | | |

| in re | Peter & Ingrid M. Kondos | Case No. |
|-------|--------------------------|------------|
| | Debtor | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. | | | | | | | | |
|--|----------|--|---|------------|--------------|---------------------|--------------------|--|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | |
| ACCOUNT NO. (3644) | | | 01/2007-10/01/2013: Card | | | | | |
| BARCLAY Card Services, P.O.Box 13337, Philadelphia, PA. 19101-3337 | | н | Charges: Food, Clothes, Car Repair, Dentist, Home Furnishings. | | | | 4,467.00 | |
| ACCOUNT NO. (5549) | | | 08/2006-10/01/2013: Card | | | | | |
| Bank of America, P.O. Box 851001, Dallas, TX. 75285-1001 | | w | Charges: Food, Clothes, Dentist, Car Repair, Home Furnishings. | | | | 3,324.00 | |
| ACCOUNT NO. (8062) | | | 11/2007-10/01/2013:Card | | | | | |
| Chase Card Services, P.O.Box 94014,Palatine, IL.60094-4014 | | w | Charges: Clothes, Gas, Car Repair, Household Goods. | | | | 5,053.00 | |
| ACCOUNT NO. (4674) | | | 07/2007-10/01/2013 Card | | | | | |
| Chase Card Services, P.O. Box 94014,Palatine,IL. 60094-4014 | | w | Charges: "Household Goods", Food, Dentist, Gas. | | | | 7,322.00 | |
| | | | | | Sub | total≯ | s 20,166.00 | |
| | | | | | | ule F.) tistical | \$ | |

| Case 13-14090-JDW | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Main |
|---------------------------------|-------|-------------|-----|---------------------------|-----------|
| B 6F (Official Form 6F) (12/07) | | Document | Pag | ge 21 of 27 | |

| In re | Peter & Ingrid M. Kondos | • | Case No. |
|-------|--------------------------|----|------------|
| | Debtor | •• | (if known) |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

| ☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. | | | | | | | |
|--|------------|--|---|------------|-----------------------|----------|--------------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| ACCOUNT NO. (7130) | | | 12/2008-10/01/2013: Card | | | | |
| Chase Cardmember Services, P.O. Box 94014, Palatine, IL. 60094-4014 | | н | Charges: Food, Car Repair, Household Goods, Gas, Travel. | | | | 5,807.00 |
| ACCOUNT NO. (1678) | | | 06/2006-10/01/2013: Card | | | | |
| Citi Cards, P.O.Box 183113, Columbus, OH. 43218-3113 | | н | Charges: Food, Clothes, Household Furnishings, Car Repair. | | | | 12,915.00 |
| ACCOUNT NO. (5123) | | | 06/2006-10/01/2013: Card | | | | |
| Citi Sears Credit Cards,P.O.Box 183082, Columbus, OH. 43218-3082 |] | w | Charges: Household Goods, Food, Gas, Federal Taxes. | | | | 6,329.00 |
| ACCOUNT NO. (7885) | | | 05/2009-10/01/2013: Card | | | | |
| Citi Cards, P.O. Box 183113, Columbus, OH. 43218-3113 | <u>.</u> | w | Charges: Food, Car Repair, Gas, Home Furnishings. | | | | 3,503.00 |
| Subtotal➤ | | | | | | total≯ | \$ 28,554.00 |
| 1 continuation sheets attached Total> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | lule F.) itistical | s | |

| Case 13-14090-JDW | Doc 1 | Filed 10/02/1 | .3 Entered 10/02/13 09:35:05 | Desc Main |
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| B 6F (Official Form 6F) (12/07) - Cont. | | Document | Page 22 of 27 | |

| In re | Peter & Ingrid M. Kondos | , | Case No. | |
|-------|--------------------------|---|------------|--|
| | Debtor | | (if known) | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. (4989) Citi Home Depot Credit Cards, P.O. Box 182676, Columbus, OH. 43218-2676 | | w | 11/2007-10/01/2013: Card Charges: Home Repair, Plumbing Supplies, Home Furnishings. | | | | 1,898.00 |
| ACCOUNT NO. (5677) FNB of OMAHA, P.O. Box 2557, Omaha, NE. 68103-2557 | | w | 02/2008-10/01/2013: Card Charges: Dentist, Food, Clothes, Gas, Car repairs, Home furnishings. | | | | 13,011.00 |
| ACCOUNT No. (0533) USAA Credit Card Payment, 10750 McDermott FWY, San Antonio, TX. 78288-0570 | | w | 05/2010-10/01/2013: Card Charges: Food. Car Repair, Gas, Home furnishings, Dentist. | | | | 2,706.00 |
| ACCOUNT No. (2191) USAA Credit Card Payment, 10750 McDermott FWY, San Antonio, TX. 78288-0570 | | н | 04/2010-10/01/2013: Card Charges: Car Repair, Food, Clothing, Home Furnishings. | | | | 3,760.00 |
| ACCOUNT NO. 2013041580176 Select Resource Group, P.O. Box 25969, Greenville, SC. 29616 | | Н | 05/1998: Unknown Credit Card Debt. | | | x | 10,075.00 |
| Sheet no. 4 of 0 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | total➤ | s 31,450.00 |
| Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.) | | | | | | | \$ 104,997.00 |

Case 13-14090-JDW Doc 1 Filed 10/02/13 Entered 10/02/13 09:35:05 Desc Main Document Page 23 of 27

B 6G (Official Form 6G) (12/07)

| In re | Peter & Ingrid M. Kondos | , Case No |
|-------|--------------------------|------------|
| | Dehtor | (if known) |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT |
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| In re Peter & Ingrid M. Kondos | | Case No. | |
| B 6H (Official Form 6H) (12/07) | | Page 24 of 27 | Desc Main |
| Case 13-14090-JDW | 1000 | /13 Entered 10/02/13 09.35.05 | DECOMAIN |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

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| ш | Cneck | uns : | DUX | 31 | ucowr | mas | no | COULDIOLS |
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| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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| Case 13-14090-JDW | Doc 1 | Filed 10/02 | /13 | Entered 10/02/13 09:35:05 | Desc Mair |
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| B6I (Official Form 61) (12/07) | | Document | Pa | ne 25 of 27 | |

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|----------------------------------|------------|
| In re Peter & Ingrid M. Kondos , | Case No. |
| 111 10 | |
| Debtor | (if known) |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital | DEPENDENTS OF DEBTOR AND SPOUSE RELATIONSHIP(S): AGE(S): | | |
|---|--|------------------------|---|
| Status: Married | | | AGE(S): |
| Employment: | DEBTOR | | SPOUSE |
| Occupation | | | |
| Name of Employer | | | |
| How long employed | | | |
| Address of Employe | er | | |
| | | <u></u> | |
| ICOME: (Estimate o | of average or projected monthly income at time | DEBTOR | SPOUSE |
| case fi | iled) | . 0.00 | |
| Manthly man sum | ges, salary, and commissions | \$0.00 | \$0.00 |
| (Prorate if not pa | | s 0.00 | s 0.00 |
| Estimate monthly | | | |
| SUBTOTAL | | \$ 0.00 | \$0.00 |
| LESS PAYROLL | DEDUCTIONS | | |
| a. Payroll taxes an | | s <u>0.00</u> | s <u>0.00</u> |
| b. Insurance | | \$ 0.00 \$ 0.00 | s 0,00 s 0.00 |
| c. Union dues | | \$ 0.00 \$ 0.00 | s 0.00 |
| d. Other (Specify) | : | <u></u> | <u> </u> |
| SUBTOTAL OF P | AYROLL DEDUCTIONS | s0.00 | \$ <u>0.0</u> 0 |
| TOTAL NET MO | NTHLY TAKE HOME PAY | s <u>0.00</u> | \$ <u>0.0</u> 0 |
| | om operation of business or profession or farm | s <u>0.00</u> | \$ <u>0.00</u> |
| (Attach detailed | | \$ 0.00 | \$0.00 |
| Income from real p | oroperty nds | \$ 0.00 | \$ 0.00 |
|). Alimony, mainter | nance or support payments payable to the debtor for e or that of dependents listed above | \$0.00 | \$0.00 |
| Social security or | government assistance | | . 070.00 |
| (Specify): Soci 2. Pension or retirer | Mant income | s <u>586.00</u> | \$ <u>273.00</u> |
| Pension or reurer Other monthly in | | \$ <u>3.911.00</u> | \$0.00 |
| (Specify):"No | ne" | \$0.00 | \$0.00 |
| 4. SUBTOTAL OF | LINES 7 THROUGH 13 | \$ <u>4,497.00</u> | \$ <u>273.0</u> 0 |
| 5. AVERAGE MON | NTHLY INCOME (Add amounts on lines 6 and 14) | s <u>4,497.00</u> | <u>\$ 273.0</u> 0 |
| COMBINED AV | ERAGE MONTHLY INCOME: (Combine column | s | <u>4,770.00</u> |
| otals from line 15) | LIMOL MONTHET MOONE. (COMUNE COMM | (Report also on Summar | y of Schedules and, if applicable, |
| | | on Statistical Summary | of Certain Liabilities and Related Data |

| Case 13-14090-JDW D | Doc 1 | Filed 10/02/ | 13 | Entered 10/02/13 09:35:05 | Desc Mair |
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| B6J (Official Form 6J) (12/07) | | Document | Pag | ge 26 of 27 | |

| In re_Peter & Ingrid M. Kondos, | Case No. |
|---------------------------------|------------|
| Debtor | (if known) |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expen | ditures labeled | "Spouse." |
|--|-----------------|-----------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 939.00 |
| a. Are real estate taxes included? Yes No | | |
| b. Is property insurance included? Yes No | | |
| 2. Utilities: a. Electricity and heating fuel | s _ | 246.00 |
| b. Water and sewer | \$_ | 71.00 |
| c. Telephone | s _ | 56.00 |
| d. Other_Computer & Cable TV. | s _ | 136.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 200.00 |
| 4. Food | \$ | 650.00 |
| 5. Clothing | \$_ | 200.00 |
| 6. Laundry and dry cleaning | s | 20.00 |
| 7. Medical and dental expenses | \$ | 82.00 |
| 8. Transportation (not including car payments) | \$ | 200.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 100.00 |
| 10.Charitable contributions | \$ | 25.00 |
| 11.Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$_ | 0.00 |
| b. Life | \$_ | 825.00 |
| c. Health | \$_ | 418.00 |
| d. Auto | s | 71.00 |
| e. Other | s _ | 0.00 |
| 12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$_ | 0.00 |
| b. Other | \$_ | 0.00 |
| c. Other | \$_ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$_ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | s | 0.00 |
| 17. Other Federal Income Taxes deducted from Public Employees Pension | \$ | 333.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | <u>s</u> | 4,572.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| Universal Life Insurance Premiums will increase as I age. I am 81 years old, and my wife is 79. | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 4,770.00 |
| b. Average monthly expenses from Line 18 above | \$ | 4,572.00 |
| c. Monthly net income (a. minus b.) | s_ _ | 198.00 |

In re Peter & Ingrid M. Kondos

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing s my knowledge, information, and belief. | ummary and schedules, consisting of $m{B}$ sheets, and that they are true and correct to the best of |
|--|---|
| | \bigcirc \downarrow \downarrow \downarrow |
| Date 10/2/2013 | Signature: Juguel M. Kondos (Joint Debtor if an) |
| Date 10/2 - 2013 | Debtor |
| nu 10/2 -2013 | Signature: Jugard M. Kondos |
| Date / / / / / / | (Joint Debtor, if any) |
| | [If joint case, both spouses must sign.] |
| *************************************** | |
| DECLARATION AND SIGNATURE OF NON- | ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) |
| the debtor with a copy of this document and the notices and information t | eparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation and have provided equired under 11 U.S.C. §§ 110(b), 110(h) and 342(b), and, (3) if rules or guidelines have been rvices chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum any fee from the debtor, as required by that section. |
| Printed or Typed Name and Title, if any, of Bankruptey Petition Preparer | Social Security No. (Required by 11 U.S.C. § 110.) |
| • • • | le (if any), address, and social security number of the officer, principal, responsible person, or partner |
| ij ine oankrupicy paatom preparer is not an individual, state ine name, iit who signs this document. | ие (у аку), вашеея, ака зоская зеситту китост од те однеет, ратыра, тегрописие регоод от разтис |
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| Names and Social Security numbers of all other individuals who prepared | or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: |
| • | • • • |
| If more than one person prepared this document, attach additional signed | sheets conforming to the appropriate Official Form for each person. |
| A bankruptcy petition preparer's failure to comply with the provisions of tale 11 18 U.S.C. § 156. | and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; |
| DECLARATION UNDER PENALTY OF P | ERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP |
| partnership of the [com | rother officer or an authorized agent of the corporation or a member or an authorized agent of the oration or partnership] named as debtor in this case, declare under penalty of perjury that I have a (Total shown on summary page plus I), and that they are true and correct to the best of my |
| Data | |
| Date | Signature: |
| | |
| | [Print or type name of individual signing on behalf of debtor.] |
| [An individual signing on behalf of a partnership or corporation mus | t indicate position or relationship to debtor.] |
| | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.